

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | 1 | | | | | |
| 6 | | 1 | | | | |
| 7 | | 1 | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | 1 | | | | | |
| 11 | 1 | | | | | |
| 12 | 1 | | | | | |
| 13 | 1 | | | | | |
| 14 | 1 | | | | | |
| 15 | 1 | | | | | |
| 16 | | 1 | | | | |
| 17 | 1 | | | | | |
| 18 | 1 | | | | | |
| 19 | 1 | | | | | |
| 20 | | | | | | |
| 21 | 1 | | | | | |
| 22 | 1 | | | | | |
| 23 | 1 | | | | | |
| 24 | 1 | | | | | |
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| 50 | | | | | | |
| TOTAL IND. | 14 | | | | | |
| TOTAL DEP. | 10 | | | | | |
| TOTAL CLAIMS | 24 | | | | | |

| | IND | | DEP | | IND | | DEP | | IND | | DEP | |
|--------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | IND | DEP |
| 51 | | | | | | | | | | | | |
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| 100 | | | | | | | | | | | | |
| TOTAL IND. | | | | | | | | | | | | |
| TOTAL DEP. | | | | | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | | | | | |